

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

LEASE DESIGNATION AND SERIAL NO.

LC-057210

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ WATER INJECTION

2. NAME OF OPERATOR

CONTINENTAL OIL COMPANY

3. ADDRESS OF OPERATOR

Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface  
660' FS E & EL OF SEC. 27

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA UNIT

9. WELL NO.

203

10. FIELD AND POOL, OR WILDCAT

Malj. G-5A Repress

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 27, T-17S, R-32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3953' DF

12. COUNTY OR PARISH

LEA

13. STATE

N.M.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Abandon G-5A ZONE

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Ran 2 3/8" tubing to 4125' & set 210 sacks Class "C" cement plug. Packed well off with 1 joint 2" tubing & sand. PBD 2688. Well permanently shut in. Work started 12-4-72, completed 12-10-72.

18. I hereby certify that the foregoing is true and correct

SIGNED

[Signature]

TITLE

SR. ANALYST

DATE

8-21-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

\*See Instructions on Reverse Side

USGS-5, MCA-3, File

